

City of Arcata Recreation Division . Youth Master Registration Form 2024

UPDATED

736 F Street Arcata, Ca 95521

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Email: rec@cityofarcata.org

EXP: 12/31/2024

YOUTH PARTICIPANT INFO

Child's Full Name (First Middle Last) _____

Male Female Non-Binary Child's Date of Birth ___ / ___ / ___ Age ___ Grade ___

Please list and explain any physical, medical or mental conditions/limitations your child may have:

For emergency situations, please list all medications your child may be taking: _____

GUARDIAN INFO.

Guardian Full Name _____ Mother Father Other Guardian

Physical Address _____ City _____ Zip _____

(IF DIFFERENT) Mailing Address _____

Main Phone _____ Other Phone _____ E-Mail _____
cell / home / work cell / home / work

GUARDIAN INFO.

Guardian Full Name _____ Mother Father Other Guardian

Check here if address is the same as above. Address _____
(if different than above) City Zip _____

Main Phone _____ Other Phone _____ E-Mail _____
cell / home / work cell / home / work

Emergency Contact (other than listed above) _____ Preferred Phone _____
cell / home / work

Continue if you live OUTSIDE of the Arcata City Limits ...

Do you pay property taxes for a business/residence within the Arcata City Limits? Yes No If yes, please list below:

Address of Business/Residence _____ Name of Business _____

Note: For individuals needing special accommodation to participate in the activities sponsored by the Arcata Recreation Division, please notify the Division at least five working days prior to the first day of attendance. It is recommended that all participants carry their own insurance coverage.

Waiver: (all classes require the signature of each registering adult or the parent or guardian of any minor(s).) In consideration for being allowed to participate in City of Arcata recreational programs, I, the undersigned, agree to indemnify, hold harmless, and release the City of Arcata, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "City") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any City sponsored recreational program and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enroll in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in recreational programs. I authorize the City of Arcata employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any City sponsored recreational program and agree to be responsible for all costs incurred. I acknowledge that the City may take publicity photographs and/or recordings of any City sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. I have read and understand the above agreement and fully assume all risks for any injuries received.

CONTINUE TO THE OTHER SIDE FOR SIGNATURE AND COVID-19 LIABILITY RELEASE

HOUSEHOLD# _____

2024

RELEASE FROM LIABILITY FOR COVID-19 EXPOSURE:

In permitting my child or ward, who I am calling "my child" in this release, to participate in the Arcata Recreation Programs 2024 operated by the City of Arcata, which is called "Programs" in this release, I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious and is believed to spread mainly from person-to-person contact. In addition, I understand that, while the City has put in place preventative measures to reduce the spread of COVID-19 at Programs, the City cannot guarantee that my child will not be exposed to and become infected with COVID-19 as a result of participating in the Programs. Further, I understand that participation in Programs could increase my child's risk of contracting COVID-19.

I voluntarily assume these risks, including the possibility that I or other members of my family, may be exposed to or infected by COVID-19 because of my child's participation in Programs, and suffer injury, illness, permanent disability, or death, even if the exposure or infection was caused by the actions, omissions, or negligence of City employees, volunteers, and other participants in Programs or their families. I also understand that Programs use playing fields, gymnasiums, and other facilities belonging to the City, and that the City has put in place preventative measures to reduce the spread of COVID-19 when Programs use those facilities. I accept and agree that the owners of these facilities cannot guarantee that my child will not be exposed to and become infected with COVID-19 as a result participating in Programs. On behalf of myself and my child, I assume the risk of using these facilities. I further agree on behalf of myself and my child to release the City of Arcata, and its offices, agents, instructors, contractors and employees, and owners of facilities used by Programs from all liability for any loss or damage resulting from my child's exposure to or contracting COVID-19 while participating Programs, even if the exposure or infection was caused by the actions, omissions, or negligence of any of the parties I am releasing from liability. I agree not to file any claim or sue or cooperate in bringing any suit against the City or the other parties I have released from liability under this paragraph.

I have read and understand the preceding paragraphs.

THIS AGREEMENT AFFECTS IMPORTANT LEGAL RIGHTS. PLEASE READ THE FOREGOING AGREEMENT CAREFULLY BEFORE SIGNING. IF YOU DO NOT UNDERSTAND ANY PART OF THE AGREEMENT, PLEASE CONSULT AN ATTORNEY OR ADVISOR. DO NOT SIGN UNLESS YOU FULLY UNDERSTAND AND AGREE.

Print or Type name of participant

Age

Street Address City, State, Zip Code

Daytime Phone

PARENT/GUARDIAN SIGNATURE
(For all participants under 18 years of age)

DATE